

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAR 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709697

(7)

1. Corporation Name

EAU GALLIE FLORIDA CONGREGATION OF JEHOVAH'S
WITNESSES, INC.

Principal Place of Business

Mailing Address

~~1900 TRIMBLE ROAD~~

C/O DAVID O. VANN

~~930 MILLER LANE~~

MELBOURNE, FL 32934

MELBOURNE, FL 32934

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1900 TRIMBLE ROAD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1900 TRIMBLE ROAD

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

Zip

32934

Country

USA

City & State

MELBOURNE, FL

Zip

32934

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1965

5. FEI Number

70-9671510

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	VANN, DAVID	3673 HARLOCK ROAD	MELBOURNE, FL 32934
V/D	VAN DAALEN, EMIL	1900 TRIMBLE ROAD	MELBOURNE, FL 32934
S/D	CHEATHAM, CHARLES	730 WING FOOT LANE	MELBOURNE, FL 32940
D	JORGE, FREDDY	1472 HOLLAND STREET	MELBOURNE, FL 32935
D	DEVLIN, JAMES	1929 DAWN DRIVE	MELBOURNE, FL 32935

8. Name and Address of Current Registered Agent

DAVID O. VANN
930 MILLER LANE
MELBOURNE, FL 32934

9. Name and Address of New Registered Agent

Name

David O. Vann

Street Address (P.O. Box Number is Not Acceptable)

3673 HARLOCK ROAD

Suite, Apt. #, Etc.

City

MELBOURNE

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2-10-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P. DEVLIN

Date

2-10-98 407-259-9737

Daytime Phone #